

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10553925

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5		4		4		
6		8		4		
7		8		4		
8		8				
9	1		1			
10		1				
11						
12		4		4		
13		8		4		
14		8		4		
15		8		4		
16		8		4		
17				2		
18				2		
19				2		
20				2		
21				2		
22				2		
23				4		
24				4		
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49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.		←	85	←		←
TOTAL CLAIMS			87			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	51	←		←
TOTAL CLAIMS			52			

Best Available Copy